

and services are evaluated against the program or service eligibility criteria and prioritized for review (Chapter 2).

3. Literature search. Clearinghouse staff conduct comprehensive literature searches to locate available and relevant research on the prioritized programs and services (Chapter 3).

4. Study eligibility screening and prioritization. Studies identified in the literature searches are screened against the study eligibility criteria. Studies determined to be eligible for review are considered against prioritization criteria to determine the order and depth of their review (Chapter 4).

5. Evidence review. All eligible studies are reviewed by trained reviewers using the Clearinghouse design and execution standards. Study authors may be queried to request information deemed necessary to assign a rating. One of three ratings is assigned to prioritized studies: High, moderate, or low support of causal evidence (Chapter 5).

6. Program and service ratings. Studies that are rated as high or moderate support of causal evidence are considered in assigning each program or service one of four ratings: Well-supported, supported, promising, or does not currently meet criteria (Chapter 6). These ratings also take into consideration any evidence of risk of harm.

Feedback is also invited on the operational procedures for reviewing programs and services (Chapter 7).

Responses to this FRN will inform ongoing discussion about potential updates and clarifications to existing standards and procedures. Consistent with the practice of other prominent federal evidence reviews, standards and procedures may be revised over time as research methods evolve, the needs of the field change, and lessons are learned during the review process. Potential revisions to the Clearinghouse's standards and procedures may affect which programs and services are eligible or prioritized for review, which studies of programs and services are eligible or prioritized for review, which studies of programs and services meet design and execution ratings, and program or service ratings. ACF especially welcomes comments on how

the standards and procedures might be revised to better reflect the goals and requirements of the Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (<https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>) and the President's Memorandum on Restoring Trust in Government Through Scientific Integrity and Evidence-Based Policymaking (<https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/27/memorandum-on-restoring-trust-in-government-through-scientific-integrity-and-evidence-based-policymaking/>).

Through this FRN, ACF is soliciting information from a broad array of stakeholders. This FRN is one way to ensure that activities associated with the Title IV–E Prevention Services Clearinghouse are transparent and build from the existing knowledge of states, federal agencies, researchers, evaluators, program and service developers, key stakeholders and experts, and the general public. The public will have an opportunity to comment on specific revisions to the Clearinghouse's standards and procedures through a future FRN.

To facilitate the review of submissions, please identify the chapter, section, and/or page number of the Handbook of Standards and Procedures, Version 1.0 (<https://preventionservices.abtsites.com/review-process>) that your comments address.

This RFI is for information and planning purposes only and should not be construed as a solicitation or as an obligation on the part of ACF or HHS.

For more information about the Prevention Services Clearinghouse, visit: <https://preventionservices.abtsites.com>.

Naomi Goldstein,

Deputy Assistant Secretary for Planning, Research, and Evaluation.

[FR Doc. 2021–15065 Filed 7–14–21; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Intent To Award 54 Single-Source Supplements for Current Senior Medicare Patrol (SMP) State Grantees

ACTION: Announcing the intent to award 54 single-source supplements for current Senior Medicare Patrol (SMP) state grantees.

SUMMARY: The Administration for Community Living (ACL) announces the intent to award 54 administrative supplements in the form of cooperative agreements to existing SMP project grantees to support the expansion and enhancement of virtual capacity of the program. This effort will benefit the SMP programs in each state, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. The purpose of existing grantees' work is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education with an emphasis on reaching Medicare beneficiaries with limited income and those residing in rural areas. As a result of the COVID–19 pandemic and related travel and congregation limitations and public health concerns, it has been identified that focus on expansion of virtual capacity is crucial at this time. The administrative supplements for FY 2021 will be distributed at a flat rate of \$18,000 to each of the existing 54 state grantees, bringing the total for the supplement awards to \$972,000.

FOR FURTHER INFORMATION CONTACT: For further information or comments regarding this program supplement, contact Marissa Whitehouse, U.S. Department of Health and Human Services, Administration for Community Living, Center for Integrated Programs, Office of Healthcare Information and Counseling; telephone (202) 795–7425; email Marissa.Whitehouse@acl.hhs.gov.

SUPPLEMENTARY INFORMATION:

Program Name: Senior Medicare Patrol (SMP).

Recipient: 54 current SMP grantees.

| Current grantee | State | FY21 ACL recommended supplement amount |
|---|----------------|--|
| Alabama Dept of Senior Services | Alabama | \$18,000 |
| Alaska Department of Health and Social Services | Alaska | 18,000 |
| Arizona Department of Economic Security | Arizona | 18,000 |
| Arkansas Department of Human Services | Arkansas | 18,000 |

| Current grantee | State | FY21 ACL recommended supplement amount |
|---|----------------------------|--|
| California Health Advocates | California | 18,000 |
| Colorado Division of Insurance | Colorado | 18,000 |
| The Department of Rehabilitation Services | Connecticut | 18,000 |
| Delaware Division of Social Services | Delaware | 18,000 |
| Legal Counsel For The Elderly | District of Columbia | 18,000 |
| Florida Department of Elder Affairs | Florida | 18,000 |
| Eqhealth Solutions, Inc | Georgia | 18,000 |
| Guam Department of Public Health & Social Services | Guam | 18,000 |
| Hawaii Department of Health | Hawaii | 18,000 |
| Idaho Commission on Aging | Idaho | 18,000 |
| AgeOptions, Inc | Illinois | 18,000 |
| IAAAA Education Institute, Inc | Indiana | 18,000 |
| Iowa Department of Commerce | Iowa | 18,000 |
| Kansas Department for Aging and Disability Services | Kansas | 18,000 |
| Louisville-Jefferson County Metro Government | Kentucky | 18,000 |
| Eqhealth Solutions, Inc | Louisiana | 18,000 |
| Maine Department of Health and Human Services | Maine | 18,000 |
| Aging, Maryland department of | Maryland | 18,000 |
| Elder Services Of The Merrimack Valley Inc | Massachusetts | 18,000 |
| MMAAP Inc | Michigan | 18,000 |
| Minnesota Department of Human Services | Minnesota | 18,000 |
| Eqhealth Solutions, Inc | Mississippi | 18,000 |
| District III Area Agency on Aging | Missouri | 18,000 |
| Missoula Aging Services | Montana | 18,000 |
| Insurance, Nebraska Department of | Nebraska | 18,000 |
| State of Nevada Aging and Disability Services Division | Nevada | 18,000 |
| New Hampshire Dept of Health and Human Services | New Hampshire | 18,000 |
| Jewish Family & Vocational Service of Middlesex County, Inc | New Jersey | 18,000 |
| Aging & Long-Term Services Department, New Mexico | New Mexico | 18,000 |
| NY Statewide Senior Action Council, Inc | New York | 18,000 |
| North Carolina Department of Insurance | North Carolina | 18,000 |
| Minot State University | North Dakota | 18,000 |
| Pro Seniors Inc | Ohio | 18,000 |
| Oklahoma State Insurance Department | Oklahoma | 18,000 |
| DHS Office of Financial Services | Oregon | 18,000 |
| Center For Advocacy For The Rights And Interests Of The Elderly | Pennsylvania | 18,000 |
| Hispanic-American Institute, Inc | Puerto Rico | 18,000 |
| Rhode Island Dept of Elderly Affairs | Rhode Island | 18,000 |
| South Carolina Department on Aging | South Carolina | 18,000 |
| South Dakota Department of Human Services | South Dakota | 18,000 |
| Upper Cumberland Development District | Tennessee | 18,000 |
| Better Business Bureau Educational Foundation | Texas | 18,000 |
| Legal Services of Virgin Islands Inc | U.S. Virgin Islands | 18,000 |
| Human Services, Utah Department of | Utah | 18,000 |
| Community of Vermont Elders | Vermont | 18,000 |
| Virginia Association Of Area Agencies On Aging | Virginia | 18,000 |
| Washington State Insurance Commissioner | Washington | 18,000 |
| Senior Services West Virginia Bureau | West Virginia | 18,000 |
| Greater Wisconsin Agency on Aging Resources, Inc | Wisconsin | 18,000 |
| Wyoming Senior Citizens, Inc | Wyoming | 18,000 |

Period of Performance: The awards will be issued for the Fiscal Year 2021 project period of July 1, 2021 through May 31, 2022.

Total Award Amount: \$972,000 total in FY 2021.

Award Type: Cooperative Agreement.

Statutory Authority: The statutory authority is contained in the HIPAA of 1996 (Pub. L. 104-191).

Basis for Award: Upon request for access to FY 2021 HCFAC Wedge funding, the Department granted approval for ACL's Office of Healthcare Information & Counseling to access \$2 million in additional, one-time funding.

This funding is intended to expand and enhance the virtual capacity of the existing SMP program and will be used in a number of ways to support virtual expansion and capabilities for current SMP grantees' efforts. As a result of the COVID-19 pandemic and related travel and congregation limitations and public health concerns, it has been identified that focus on expansion of virtual capacity is crucial at this time.

The current SMP grantees are funded to carry out the SMP project mission for the period of June 1, 2018 through May 31, 2023. Much work has already been completed and further tasks are

currently being accomplished. It would be unnecessarily time consuming and disruptive to the SMP program, and the beneficiaries being served, for ACL to establish new grantees to focus on this intended virtual expansion of the program since the intent of this funding is to expand the current program and grantees' efforts. These administrative supplements will allow the SMP grantees to expand their current capacity to work virtually to empower Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and

abuse through outreach, counseling, and education in the virtual space.

There is one SMP state grantee project in each of the 50 States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. In 2019, the most up-to-date complete year of data, the 54 SMP projects had a total of 6,875 active team members who conducted a total of 28,146 group outreach and education events, reaching an estimated 1.6 million people. In addition, the projects had 320,590 individual interactions with, or on behalf of, a Medicare beneficiary. For 2019, the SMP projects reported \$2.4 million in expected Medicare recoveries. This program has successfully operated since its inception 23 years ago.

The current grantees are closely monitored and are successfully meeting all programmatic goals under the current SMP state grants.

Dated: July 12, 2021.

Alison Barkoff,

Acting Administrator and Assistant Secretary for Aging, Administration for Community Living.

[FR Doc. 2021-15022 Filed 7-14-21; 8:45 am]

BILLING CODE 4154-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Intent To Award One Single-Source Supplement for Current Senior Medicare Patrol National Resource Center (SMPNRC) Grantee

ACTION: Announcing the intent to award one single-source supplement for current Senior Medicare Patrol National Resource Center (SMPNRC) grantee.

SUMMARY: The Administration for Community Living (ACL) announces the intent to award one administrative supplement in the form of cooperative agreement to existing SMP National Resource Center (SMPNRC) grantee to support the expansion and enhancement of virtual capacity for the SMP program. This effort will benefit the SMPNRC, and the 54 SMP project grantees which are located in each state, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. The purpose of the existing SMPNRC grantee's work is to support SMP projects nationally in empowering and assisting Medicare beneficiaries, their

families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. As a result of the COVID-19 pandemic and related travel and congregation limitations and public health concerns, it has been identified that focus on expansion of virtual capacity is crucial at this time. The administrative supplement to the SMPNRC for FY 2021 will be distributed according to identified need and will total \$405,312.

FOR FURTHER INFORMATION CONTACT: For further information or comments regarding this program supplement, contact Marissa Whitehouse, U.S. Department of Health and Human Services, Administration for Community Living, Center for Integrated Programs, Office of Healthcare Information and Counseling; telephone (202) 795-7425; email Marissa.Whitehouse@acl.hhs.gov.

SUPPLEMENTARY INFORMATION:

Program Name: Senior Medicare Patrol National Resource Center.

Recipient: One current grantee.

| Current grantee | FY21 ACL recommended supplement amount |
|---|--|
| Northeast Iowa Area Agency on Aging | \$405,312.00 |

Period of Performance: The award will be issued for the Fiscal Year 2021 project period of September 1, 2021 through August 31, 2022.

Total Award Amount: \$405,312 total in FY 2021.

Award Type: Cooperative Agreement.

Statutory Authority: The statutory authority is contained in the HIPAA of 1996 (Pub. L. 104-191).

Basis for Award: Upon request for access to FY 2021 HCFAC Wedge funding, the Department granted approval for ACL's Office of Healthcare Information & Counseling to access \$2 million in additional, one-time funding. This funding is intended to expand and enhance the virtual capacity of the existing SMP program and will be used in a number of ways to support the virtual expansion and capabilities of the SMP program efforts nationally. As a result of the COVID-19 pandemic and related travel and congregation limitations and public health concerns, it has been identified that focus on expansion of virtual capacity is crucial at this time.

The current SMPNRC is funded to support the SMP project mission for the period of September 1, 2020 through August 31, 2025. Much work has already been completed and further tasks are currently being accomplished. It would be unnecessarily time consuming and disruptive to the SMP program, and the beneficiaries being served, for ACL to establish a new grantee to focus on this intended virtual expansion of the program since the intent of this funding is to expand the current program's efforts. This administrative supplement will allow the SMPNRC grantee to expand their current capacity to work virtually at the national level to empower Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. The existing SMPNRC is uniquely placed to continue and expand this work. Efforts supported through this funding will include development of marketing and outreach materials, targeted SMP project grantee resources, and continued progress toward a new public-facing program-specific phone application.

The SMPNRC was created in 2003 to provide training, support, and technical assistance to SMP projects nationwide. The goal of this Center is to provide professional expertise, training, and technical support to maximize the effectiveness of the SMP projects in Medicare fraud prevention outreach and education. The SMPNRC ensures a fully consolidated, national approach to reaching Medicare beneficiaries with the SMP message and forges national visibility for the program. The SMPNRC provides technical assistance through online training (webinars), workshops, and the SMP networking opportunities. The current grantee is closely monitored and is successfully meeting all programmatic goals under the existing grant.

The current grantee is closely monitored and is successfully meeting all programmatic goals under the current SMPNRC grant.

Dated: July 12, 2021.

Alison Barkoff,

Acting Administrator and Assistant Secretary for Aging, Administration for Community Living.

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